

11 CV 7015

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMALIK EDWARDS 00A6134

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Dr. John Doe, Dept Bailey

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

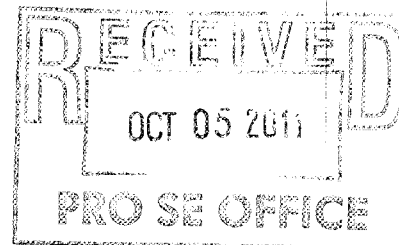
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name MALIK EDWARDS
 ID # 00A6134
 Current Institution GREAT MEADOW CORR. FAC.
 Address Box 51, Comstock N.Y. 12821-0051

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.



Defendant No. 1 Name Dr. John Doe Shield # _____
 Where Currently Employed C-74 Rikers Island Detention Center
 Address _____

Defendant No. 2 Name Dept Bailey Shield # _____
 Where Currently Employed C-74 Rikers Island Detention Center
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? C-74 Rikers Island

B. Where in the institution did the events giving rise to your claim(s) occur? lower shower area coming out of the shower

C. What date and approximate time did the events giving rise to your claim(s) occur? On Oct 14, 2010 at approximately 10:00 pm

D. Facts: I'd slightly injured my leg coming out from recreation and it was becoming swollen I reported it to a Captain who sent me to sick call on the Day of 10-14-11 I was given no pain medication and a walk-ing stick as it was difficult to move. When returning back to the tower I had trouble going down the stairs and almost fell. I was told by the doctor to run hot water on my knee to ease the pain and swelling so I went to get in the shower there was a lot of water outside the shower and no floor mat I told the company officer who said he would have it taken care of when I take a step to exit the shower I slipped on all the water on the floor further injuring my knee, neck back and causing a gash on both my elbow and knee several detainees saw me fall and several heard me address the Block officer of my problem with the puddle of water in front of the shower. A Mr. John Brown and

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Back problems and nerve problems neck/nerve problems and fluid in my knee and bruising of the knee I received a Knee brace for my leg a fluid tap and pain medication percocets and nerve medication and a back brace for my neck and back

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

C-74 Rikers Island detention center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? all about medical and safety requirements in prison

2. What was the result, if any? un grievable issues

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I spoke to social services

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you

informed; when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I seek compensatory damages

in the amount of 1,000,000 dollars and punitive damages
of \$60,000 dollars on each defendant responsible

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ___

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Malik Edwards 00A6134Defendants Rikers Island staff / State of NY2. Court (if federal court, name the district; if state court, name the county) Southern district / Chemung county3. Docket or Index number 10-CV-9534

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☒ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Still pending

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of September, 2011.

Signature of Plaintiff

Mali Alvarado

Inmate Number

00A6134

Institution Address

G.M.C.F

Box 51

Comstock N.Y. 12821-0051

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 16 day of September, 2011, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Mali Alvarado